

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; FY 2011-12 BUDGET REQUEST; HEALTH CARE AFFORDABILITY ACT UPDATE

Colorado Health Care Affordability Act: Outlook FY 2009-10 to FY 2013-2014						
		FY 2009-10 Actuals	FY 2010-11 Estimate	FY 2011-12 Request	FY 2012-13 Estimate ⁶	FY 2013-14 Estimate ⁶
A. Hospital Provider Fee Cash Fund Revenue						
	Actual/Projected Revenue	\$340,869,957	\$449,051,001	\$571,714,366	\$697,580,699	\$825,573,757
	Interest Earned	\$900,117	\$1,185,785	\$1,509,695	\$1,842,064	\$2,180,048
	Previous Year's Cash Fund Balance	N/A	\$5,714,436	\$5,714,436	\$5,714,436	\$5,714,436
	Hospital Provider Fee Cash Funds Available	\$341,770,074	\$455,951,222	\$578,938,497	\$705,137,199	\$833,468,241
B. Hospital Provider Fee Cash Fund Expenditures						
	(1) Executive Director's Office- Total Prior to Change Requests	\$1,321,599	\$7,458,797	\$8,976,664	\$10,048,161	\$11,616,499
	Personal Services ¹	\$704,444	\$1,287,447	\$1,946,780	\$1,977,846	\$1,977,846
	Legal Service & Third Party Recovery	\$0	\$29,932	\$29,259	\$95,202	\$126,461
	Administrative Law Judge Services	\$0	\$14,305	\$27,365	\$45,499	\$60,439
	Operating Expenses	\$114,264	\$104,426	\$66,192	\$41,608	\$41,943
	Leased Space	\$15,550	\$151,164	\$151,164	\$151,164	\$151,164
	General Professional Services and Special Projects	\$128,858	\$262,500	\$337,500	\$202,500	\$202,500
	Information Technology Contracts ²	\$127,872	\$2,447,689	\$1,231,030	\$1,449,800	\$1,860,365
	Centralized Eligibility Vendor Contract Project	\$0	\$366,320	\$964,169	\$2,129,467	\$3,206,328
	Customer Outreach	\$5,852	\$40,252	\$56,109	\$71,333	\$75,935
	County Administration	\$219,259	\$935,915	\$1,180,751	\$885,280	\$882,009
	Contracts for Special Eligibility Determinations	\$0	\$1,537,200	\$2,647,808	\$2,647,808	\$2,647,808
	Professional Services Contracts	\$5,500	\$31,647	\$60,537	\$100,654	\$133,701
	Professional Audit Contracts	\$0	\$250,000	\$250,000	\$250,000	\$250,000
	Bottom-Line Adjustments	\$0	\$0	(\$40,617)	\$0	\$0
	(1) Executive Director's Office- Total After Change Requests³	\$1,321,599	\$7,458,797	\$8,936,047	\$10,048,161	\$11,616,499
	(2) Medical Service Premiums- Total Prior to Change Requests	\$130,563,456	\$224,232,976	\$323,565,555	\$379,497,416	\$409,218,609
	Expansion Populations	\$1,212,200	\$36,802,454	\$79,924,385	\$135,856,246	\$165,577,439
	Supplemental Payments to Hospitals	\$129,351,256	\$187,430,522	\$243,641,170	\$243,641,170	\$243,641,170
	Bottom-Line Adjustments	\$0	(\$334,722)	(\$1,073,740)	(\$254,930)	(\$254,930)
	(2) Medical Services Premiums Request- Total After Change Request³	\$130,563,456	\$223,898,254	\$322,491,815	\$379,242,486	\$408,963,679
	(3) Medicaid Mental Health Community Programs- Total Prior to Change Requests	\$321,539	\$3,571,143	\$11,722,964	\$22,374,463	\$27,272,786
	Expansion Populations	\$321,539	\$3,571,143	\$11,722,964	\$22,374,463	\$27,272,786
	Bottom-Line Adjustments	\$0	(\$141,547)	(\$44,443)	(\$47,704)	(\$47,704)
	(3) Mental Health Request- Total After Change Request³	\$321,539	\$3,429,596	\$11,678,521	\$22,326,759	\$27,225,082
	(4) Indigent Care Program- Total Prior to Change Requests ⁴	\$124,429,144	\$132,510,866	\$180,879,371	\$263,680,478	\$380,721,962
	Children's Basic Health Plan Administration and Outreach	\$0	\$6,974	\$8,692	\$9,361	\$9,391
	Expansion Populations	\$61,047	\$10,413,575	\$51,552,367	\$134,352,805	\$234,599,592
	Supplemental Payments to CICP Providers	\$124,368,097	\$122,090,317	\$129,318,312	\$129,318,312	\$146,112,979
	Bottom-Line Adjustments	\$0	\$1,153,051	(\$876,285)	(\$946,606)	(\$946,606)
	(4) Indigent Care Program- Total After Change Request³	\$124,429,144	\$133,663,917	\$180,003,086	\$262,733,872	\$379,775,356
	(6) Department of Human Services Medicaid Funded Programs- Total Prior to Change Requests	\$19,900	\$295,450	\$114,592	\$71,485	\$173,189
	DHS: Colorado Benefits Management System	\$19,900	\$295,450	\$114,592	\$71,485	\$86,715
	Bottom-Line Adjustments	\$0	\$0	\$0	\$0	\$0
	(6) Department of Human Services Medicaid Funded Programs- Total After Change Request³	\$19,900	\$295,450	\$114,592	\$71,485	\$173,189
C. Other Expenditures						
	General Fund Relief	\$41,400,000	\$52,372,767	\$50,000,000	\$25,000,000	
	*Add CICP General Fund	\$0	\$5,887,500	\$0	\$0	
D. Provider Refunds						
		\$38,000,000	\$23,230,505	\$0	\$0	\$0
E. Base Total Fund Hospital Provider Fee Expenditures- Prior to Change Requests						
	Total Change Requests: Total Funds	\$0	\$821,387	(\$3,665,731)	(\$2,061,585)	(\$2,061,585)
	Final Total Fund Hospital Provider Fee Expenditures After Change Requests	\$675,819,346	\$891,127,892	\$1,155,253,220	\$1,444,044,935	\$1,722,523,235
F. Base Hospital Provider Fee Expenditures Total Prior to Change Requests						
	Total Change Requests: Hospital Provider Fee Cash Funds	\$0	\$676,782	(\$2,035,085)	(\$1,249,240)	(\$1,249,240)
	Final State Share After Change Requests: Hospital Provider Fee Cash Funds	\$336,055,638	\$450,236,786	\$573,224,061	\$699,422,763	\$827,753,805
G. Cash Fund Reserve Balance ⁵						
		\$5,714,436	\$5,714,436	\$5,714,436	\$5,714,436	\$5,714,436

Notes for Health Care Expansion Fund: Outlook 2007-2013

¹ The "Personal Services" line item consists of the following appropriations: Personal Services; Health, Life, and Dental; Short-Term Disability; Amortization Equalization Disbursement; and Supplemental Amortization Equalization Disbursement.

² The FY 2010-11 estimated expenditure for the "Information Technology Contracts" line item includes a \$550,000 Total Funds rollforward from FY 2009-10, so will not match the year-to-date appropriations.

³ Long Bill Group totals for projected Hospital Provider Fee Cash Fund expenditures in FY 2010-11 and FY 2011-12 incorporate FY 2010-11 and FY 2011-12 Change Requests, respectively. For more detail on the specific requests affecting Hospital Provider Fee Cash Fund expenditures, please refer to the Schedule 9 submitted with the Department's November 1, 2010, FY 2011-12 Budget Request.

⁴ The Total Prior to Change Requests for the Indigent Care Program Long Bill Group will not match that shown in the Indigent Care Program Expansions table of this reports, as this summary includes the Children's Basic Health Plan Administration costs while the Expansion Populations table does not.

⁵ The Department was granted authority by the Hospital Provider Fee Oversight and Advisory Board to create a reserve fund using a portion of the unspent Hospital Provider Fee cash funds in FY 2009-10, although this policy is subject to annual reconsideration.

⁶ Long Bill Group totals for FY 2012-13 will not match figures presented in the Schedule 9, which assumes constant expenditures after FY 2011-12. The population expenditures presented in this document are estimated separately throughout the forecast period.

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Medical Services Premiums - Rate, Caseload, and Expenditure Forecast						
		FY 2009-10 Actuals	FY 2010-11 Estimate	FY 2011-12 Request	FY 2012-13 Estimate	FY 2013-14 Estimate
Medicaid Parents to 100% of the Federal Poverty Level ¹						
1	Per Capita Cost ²	\$748.73	\$2,699.12	\$2,798.05	\$2,900.61	\$3,007.06
2	% Change Over Prior Year	N/A	260.49%	3.67%	3.67%	3.67%
3	Caseload ²	3,238	27,270	33,548	35,626	37,831
4	% Change Over Prior Year	N/A	742.19%	23.02%	6.19%	6.19%
5	Total Fund Expenditures	\$2,424,399	\$73,604,907	\$93,869,012	\$103,337,132	\$113,760,087
6	Cash Fund Expenditures	\$1,212,200	\$36,802,454	\$46,934,506	\$51,668,566	\$56,880,044
Continuous Eligibility for Medicaid Children: Family Medical Program						
7	Per Capita Cost ²	\$0.00	\$0.00	\$1,697.42	\$1,748.34	\$1,800.79
8	Adjustment - Continuity of Care ³	N/A	N/A	75.00%	75.00%	75.00%
9	Final Per Capita	\$0.00	\$0.00	\$1,273.07	\$1,311.26	\$1,350.59
10	% Change Over Prior Year	N/A	N/A	N/A	3.00%	3.00%
11	Caseload ²	0	0	19,970	61,569	76,400
12	% Change Over Prior Year	N/A	N/A	N/A	208.31%	24.09%
13	Total Fund Expenditures	\$0	\$0	\$25,423,208	\$80,732,967	\$103,185,076
14	Cash Fund Expenditures	\$0	\$0	\$12,711,604	\$40,366,484	\$51,592,538
Continuous Eligibility for Medicaid Children: Foster Care						
15	Per Capita Cost ²	\$0.00	\$0.00	\$3,820.06	\$3,990.82	\$4,169.21
16	Adjustment - Continuity of Care ³	N/A	N/A	75.00%	75.00%	75.00%
17	Final Per Capita	\$0.00	\$0.00	\$2,865.05	\$2,993.12	\$3,126.91
18	% Change Over Prior Year	N/A	N/A	N/A	4.47%	4.47%
19	Caseload ²	0	0	1,123	3,438	4,500
20	% Change Over Prior Year	N/A	N/A	N/A	206.14%	30.89%
21	Total Fund Expenditures	\$0	\$0	\$3,217,451	\$10,290,347	\$14,071,095
22	Cash Fund Expenditures	\$0	\$0	\$1,608,726	\$5,145,174	\$7,035,548
Buy-In Program for Individuals with Disabilities						
23	Per Capita Cost ⁴	\$0.00	\$0.00	\$10,158.77	\$10,467.60	\$10,785.82
24	% Change Over Prior Year	N/A	N/A	N/A	3.04%	3.04%
25	Per Client Premiums Contribution: Disabled Buy-In Cash Fund	\$0.00	\$0.00	\$1,533.43	\$1,533.43	\$1,533.43
26	Effective Per Capita Cost	\$0.00	\$0.00	\$8,625.34	\$8,934.17	\$9,252.39
27	Caseload ²	0	0	4,329	8,658	10,823
28	% Change Over Prior Year	N/A	N/A	N/A	100.00%	25.01%
29	Total Fund Expenditures	\$0	\$0	\$43,977,315	\$90,628,481	\$116,734,930
30	Cash Fund Expenditures-Hospital Provider Fee Cash Fund	\$0	\$0	\$18,669,549	\$38,676,022	\$50,069,309
31	Cash Fund Expenditures-Medicaid Buy-In Cash Fund	\$0	\$0	\$6,638,218	\$13,276,437	\$16,596,313
32	Expansion Populations Total Funds Expenditure	\$2,424,399	\$73,604,907	\$166,486,986	\$284,988,927	\$347,751,188
33	Expansion Populations Hospital Provider Fee Cash Funds Expenditures	\$1,212,200	\$36,802,454	\$79,924,385	\$135,856,246	\$165,577,439
34	Supplemental Payments to Hospitals-Total Fund Expenditures	\$312,468,739	\$455,282,340	\$487,282,340	\$487,282,340	\$487,282,340
35	Supplemental Payments to Hospitals-Hospital Provider Fee Cash Fund Expenditures	\$129,351,256	\$187,430,522	\$243,641,170	\$243,641,170	\$243,641,170
Total Fund Hospital Provider Fee Expenditures (Row 32 + Row 34)		\$314,893,138	\$528,887,247	\$653,769,326	\$772,271,267	\$835,033,528
State Share: Hospital Provider Fee Cash Funds (Row 33 + Row 35)		\$130,563,456	\$224,232,976	\$323,565,555	\$379,497,416	\$409,218,609

Notes for Medical Services Premiums - Rate, Caseload, and Expenditure Forecast

¹ Expenditures for the Medicaid Parents to 100% FPL expansion are not eligible for enhanced Federal Financial Participation until National implementation of Medicaid eligibility for this population in 2014 as eligibility under Medicaid for this population was extended after passage of federal health care reform.

² Projected caseload and per capita expenditures for the Medicaid Parents to 100% FPL population and continuous eligibility are taken from Exhibits B and C, respectively, of the Department's November 1, 2010 DI-1. For FY 2012-13 and FY 2013-14, caseload and per capita growth are assumed to be the same as those projected for FY 2011-12. Caseload estimates for FY 2013-14 for the Buy-In Program for Individuals with Disabilities and Continuous Eligibility are based on projections used in the fiscal note for HB 09-1293.

³ Per Capita costs for the Continuous Eligibility expansions are adjusted downwards to account for the assumption that the guaranteed eligibility will lower costs as pent-up demand for services is relieved.

⁴ The Per Capita cost for the Buy-In Program for Individuals with Disabilities is assumed to be lower than that for the Disabled Individuals to 59 population, as the Department assumes that there will be proportionally fewer high cost children in the program and that the enrollees will have lower utilization of high cost Long Term Care Services. Per capita cost growth for the Disabled Buy-In population in FY 2012-13 is assumed to be equal to that projected for the Disabled Individuals to 59 population, and assumed to be constant thereafter.

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UPDATE

Medicaid Mental Health - Rate, Caseload, and Expenditure Forecast					
	FY 2009-10 Actuals	FY 2010-11 Estimate	FY 2011-12 Request	FY 2012-13 Estimate	FY 2013-14 Estimate
Medicaid Parents to 100% of the Federal Poverty Level					
1 Per Capita Cost ^{1,2}	\$233.86	\$261.91	\$279.46	\$282.28	\$285.13
2 % Change Over Prior Year	N/A	11.99%	6.70%	1.01%	1.01%
3 Caseload ¹	3,238	27,270	33,548	35,626	37,831
4 % Change Over Prior Year	N/A	742.19%	23.02%	6.19%	6.19%
5 Total Fund Expenditures	\$643,078	\$7,142,286	\$9,375,324	\$10,056,621	\$10,786,914
6 Cash Fund Expenditures	\$321,539	\$3,571,143	\$4,687,662	\$5,028,311	\$5,393,457
Continuous Eligibility for Medicaid Children: Family Medical Program					
7 Per Capita Cost ^{1,2}	\$0.00	\$0.00	\$186.87	\$191.86	\$196.98
8 % Change Over Prior Year	N/A	N/A	N/A	2.67%	2.67%
9 Caseload ¹	0	0	19,970	61,569	76,400
10 % Change Over Prior Year	N/A	N/A	N/A	208.31%	24.09%
11 Total Fund Expenditures	\$0	\$0	\$3,731,794	\$11,812,591	\$15,049,425
12 Cash Fund Expenditures	\$0	\$0	\$1,865,897	\$5,906,296	\$7,524,713
Continuous Eligibility for Medicaid Children: Foster Care					
13 Per Capita Cost ^{1,2}	\$0.00	\$0.00	\$2,163.95	\$1,857.97	\$1,602.87
14 % Change Over Prior Year	N/A	N/A	N/A	-14.14%	-13.73%
15 Caseload ¹	0	0	1,123	3,438	4,500
16 % Change Over Prior Year	N/A	N/A	N/A	206.14%	30.89%
17 Total Fund Expenditures	\$0	\$0	\$2,430,116	\$6,387,692	\$7,212,915
18 Cash Fund Expenditures	\$0	\$0	\$1,215,058	\$3,193,846	\$3,606,457
Disabled Buy-In					
19 Per Capita Cost ³	\$0.00	\$0.00	\$1,826.91	\$1,904.83	\$1,986.17
20 % Change Over Prior Year	N/A	N/A	4.84%	4.27%	4.27%
21 Caseload ¹	0	0	4,329	8,658	10,823
22 % Change Over Prior Year	N/A	N/A	N/A	100.00%	25.01%
23 Total Fund Expenditures	\$0	\$0	\$7,908,694	\$16,492,019	\$21,496,318
24 Cash Fund Expenditures	\$0	\$0	\$3,954,347	\$8,246,010	\$10,748,159
25 Expansion Populations Total Funds Expenditure	\$643,078	\$7,142,286	\$23,445,928	\$44,748,923	\$54,545,572
26 Expansion Populations Cash Funds Expenditure	\$321,539	\$3,571,143	\$11,722,964	\$22,374,463	\$27,272,786
Total Fund Hospital Provider Fee Expenditures (Row 5 + Row 11 + Row 17 + Row 24)	\$643,078	\$7,142,286	\$23,445,928	\$44,748,923	\$54,545,572
State Share: Hospital Provider Fee Cash Funds	\$321,539	\$3,571,143	\$11,722,964	\$22,374,462	\$27,272,786

Notes for Medicaid Mental Health - Rate, Caseload, and Expenditure Forecast

¹ Caseload projections for the Medicaid Parents to 100% FPL population are the same as those for the Medical Services Premiums population. Projected per capita expenditures for the Expansion Adult population are taken from the Department's November 1, 2010 DI-2, Exhibit JJ.

² Per Capita projections for all populations in FY 2013-14 are assumed to be equal to those projected in DI-2 for FY 2012-13, with the exception of Foster Care, which is equal to the average rate of decline over FY 2011-12 and FY 2012-13, as substantial cost declines are expected to flatten out in future years.

³ Per capita cost projections use the forecast growth rate in the "Disabled Individuals to 59" eligibility type as given in the Department's February 16, 2010 S-2 applied to the average per capita cost for these waiver clients.

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	Indigent Care Program Expansions - Rate, Caseload, and Expenditure Forecast				
	FY 2009-10 Actuals	FY 2010-11 Estimate	FY 2011-12 Request	FY 2012-13 Estimate	FY 2013-14 Estimate
Children's Basic Health Plan Premiums					
1 Per Capita Cost ¹	\$986.38	\$2,324.41	\$2,422.04	\$2,533.53	\$2,650.15
2 Less Enrollment Fee ²	(\$4.78)	(\$5.43)	(\$5.69)	(\$5.69)	(\$5.69)
3 Adjusted Per Capita Cost	\$981.60	\$2,318.98	\$2,416.35	\$2,527.84	\$2,644.46
4 % Change Over Prior Year	N/A	136.24%	4.20%	4.61%	4.61%
5 Enrollment from 205-250% FPL ³	136	6,860	13,125	14,796	15,144
6 % Change Over Prior Year	N/A	4944.12%	91.33%	12.73%	2.36%
7 Total Fund Expenditures	\$133,498	\$15,908,203	\$31,714,594	\$37,401,921	\$40,048,881
8 Cash Fund Expenditures ⁴	\$46,724	\$5,605,121	\$11,174,789	\$13,090,672	\$14,017,108
Children's Basic Health Plan Prenatal Costs					
9 Per Capita Cost ¹	\$3,383.51	\$14,794.32	\$15,452.67	\$16,187.63	\$16,932.75
10 % Change Over Prior Year	N/A	337.25%	4.45%	4.76%	4.60%
11 Enrollment from 205-250% FPL ³	11	858	1,750	2,020	2,108
12 % Change Over Prior Year	N/A	7700.00%	103.96%	15.43%	4.36%
13 Total Fund Expenditures	\$37,219	\$12,693,527	\$27,042,173	\$32,699,013	\$35,694,237
14 Cash Fund Expenditures ⁴	\$13,027	\$4,442,734	\$9,464,761	\$11,444,655	\$12,492,983
Children's Basic Health Plan Dental Costs					
15 Per Capita Cost ¹	\$27.23	\$152.32	\$155.46	\$166.66	\$174.33
16 % Change Over Prior Year	N/A	459.38%	2.06%	7.20%	4.60%
17 Enrollment from 205-250% FPL ³	136	6,860	13,125	14,796	15,144
18 % Change Over Prior Year	N/A	4944.12%	91.33%	12.73%	2.36%
19 Total Fund Expenditures	\$3,703	\$1,044,915	\$2,040,413	\$2,465,901	\$2,640,131
20 Cash Fund Expenditures ⁴	\$1,296	\$365,720	\$714,145	\$863,065	\$924,046
Continuous Eligibility: Children's Basic Health Plan					
21 Per Capita Cost ¹	\$0	\$0	\$2,422.04	\$2,533.53	\$2,650.15
22 % Change Over Prior Year	N/A	N/A	N/A	4.60%	4.60%
23 Caseload ³	0	0	(972)	(1,018)	(1,018)
24 % Change Over Prior Year	N/A	N/A	N/A	4.73%	0.00%
25 Total Fund Expenditures	\$0	\$0	(\$2,354,223)	(\$2,579,134)	(\$2,697,853)
26 Cash Fund Expenditures ⁴	\$0	\$0	(\$823,978)	(\$902,697)	(\$944,249)
Adults without Dependent Children to 100% of the Federal Poverty Level					
27 Medical Premiums Per Capita Cost ¹	\$0	\$0	\$3,503.98	\$3,653.42	\$3,809.24
28 % Change Over Prior Year	N/A	N/A	N/A	4.26%	4.27%
29 Mental Health Per Capita Cost ¹	\$0	\$0	\$279.27	\$291.18	\$303.60
30 % Change Over Prior Year	N/A	N/A	N/A	4.26%	4.27%
31 Caseload ³	0	0	16,400	55,700	101,200
32 % Change Over Prior Year	N/A	N/A	N/A	239.63%	81.69%
33 Total Fund Expenditures	\$0	\$0	\$62,045,300	\$219,714,220	\$416,219,408
34 Cash Fund Expenditures	\$0	\$0	\$31,022,650	\$109,857,110	\$208,109,704
34 Expansion Populations Total Fund Expenditures	\$174,419	\$29,646,645	\$120,488,257	\$289,701,921	\$491,904,804
35 Expansion Populations Cash Funds Expenditure	\$61,047	\$10,413,575	\$51,552,367	\$134,352,805	\$234,599,592
35 Safety Net Provider Payments: Supplemental Payments to Hospitals-Total Fund Expenditures	\$248,736,194	\$244,180,634	\$292,225,957	\$292,225,957	\$292,225,957
36 Safety Net Provider Payments: Supplemental Payments to Hospitals-Hospital Provider Fee Cash Fund Expenditures	\$124,368,097	\$122,090,317	\$129,318,312	\$129,318,312	\$146,112,979
Total Fund Hospital Provider Fee Expenditures (Row 39 + Row 41)	\$248,910,613	\$273,827,279	\$412,714,214	\$581,927,878	\$784,130,761
State Share: Hospital Provider Fee Cash Funds (Row 40 + Row 42)	\$124,429,144	\$132,503,892	\$180,870,679	\$263,671,117	\$380,712,571
Notes for Children's Basic Health Plan Expansion - Rate, Caseload, and Expenditure Forecast					
¹ Per Capita Cost costs are taken from the November 1, 2010 FY 2011-12 Budget Request. CHP+ Per Capita Costs can be found in DI-3, Exhibits C.5 and C.10. Per Capita Cost costs for the Adults without Dependent Children expansion population are based upon the actuarially developed rate for the basic benefit package outlined in the 'Better Health Care for Colorado' proposal from the Blue Ribbon Commission for Healthcare Reform.					
² The annual enrollment fee under the Children's Basic Health Plan is removed from the children's Per Capita Cost, as this amount is not eligible for federal match. See the Department's November 1, 2010 DI-3, Exhibits C.2 and C.3.					
³ Caseload figures for the Children's Basic Health Plan are taken from the Department's November 1, 2010 DI-3, Exhibits C.6 and C.7. Out years assume that the expansion population will grow at the same rate as the CHP+ program, as found in Exhibit C.10. Figures for the Adults without Dependent Children expansion for FY 2010-11 and FY 2011-12 are being projected separately using estimates of uninsured individuals below 100% of the Federal Poverty Level.					
⁴ Children's Basic Health Plan expenditures receive an enhanced federal match rate of 65%.					